

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	11/9
O.I.P.E. CLASSIFIER		49	11/15/99
FORMALITY REVIEW	ml	67429	11-26-99

## INDEX OF CLAIMS

✓	.....	Rejected
=	.....	Allowed
—	(Through numeral)	Canceled
÷	.....	Restricted

N	.....	Non-elected
I	.....	Interference
A	.....	Appeal
O	.....	Objected

[illegible]

Claim		Date						
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**Best Available Copy**

**If more than 150 claims or 10 actions  
staple additional sheet here**

// EST INCIDENT